

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Brenda Smiley
1709 Kevin St
Sharon, Ohio
45638

A. Signature
X B. Smiley ☐ Agent ☐ Addressee

B. Received by (Printed Name) *B. Smiley* Date of Delivery *6-12-04*

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery (Extra Fee) ☐ Yes

2. Article Number (Transfer fee) 7003 2260 0002 6723 3272

PS Form 3811, August 2001 Domestic Return Receipt 102805-02-M-1540
SSB 01-541 DR54

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

OFFICE OF THE CLERK
U. S. DISTRICT COURT
Rm. 324 U. S. Courthouse
5th & Walnut Streets
Cincinnati, Ohio 45202

202/3376

